

EXHIBIT K

POLICY NO. MPA 81 29 88 COMMERCIAL PACKAGE POLICY
☐ **CONFIRMATION** **CANCELLATION** HARLEYSVILLE MUTUAL INS. CO.
 355 MAPLE AVENUE
 HARLEYSVILLE, PA 19438
☒ **CONFIRMATION OF TERMINATION**

AGENT 07-3641
 S. T. GOOD INSURANCE, INC.
 67 CHRISTIANA ROAD
 NEW CASTLE DE 19720

ADDITIONAL INTEREST

OCWEN FEDERAL BANK
 P O BOX 57002
 IRVINE CA 92619

You are hereby notified that in accordance with the terms and conditions of the above policy your insurance coverage ceases at and from 12:01 AM Standard Time on 06-08-2004 and the following checked condition applies: Cancellation or Termination Date

☐ A refund check in payment of the unearned portion of the paid premium is enclosed in the amount of -----
 or ... has been issued to the Agent ☐ Mortgagee ☐ , or other ☐

\$
 Total Refund

☐ The unpaid earned premium due the Company is hereby billed in the amount of -->
 Make check payable to the Company shown at above right. If payment is not received, collection of the premium amount due will be subject to further action.

\$
 Premium Due

☒ THE POLICY HAS EXPIRED. OUR RENEWAL OFFER WAS NOT TAKEN
 IF THE POLICY IS SUBJECT TO AUDIT, THE PREMIUM MAY BE ADJUSTED BASED ON
 POLICY AUDIT PROVISIONS.

ADDITIONAL COPY SENT TO:

INSURED

LAYNE DREXEL
 1910 OLD CAPITOL TR
 NEWARK DE 19711

DR 0165

06-08-2005

MAIL DATE 07-07-2004

ISSUE DATE 07-06-2004

M. D. Olden
 Authorized Representative

The interest of the Loss Payee/Mortgagee will cease at the above cancellation or termination date, or 15 days from the issue date of this notice, whichever is later.

LOSS PAYEE/MORTGAGEE COPY

C-554 (Ed. 4-97)